

Organizational Self-Assessment

Instructions

- T Print out this form.
 - T Please complete every item regarding your substance abuse treatment program. Write **Not Applicable (NA)** or **No Data Currently Available (NDC)** when necessary.
 - T Answer questions for your **entire substance abuse treatment program**, including all sites and facilities.
 - T If you are **part of a larger organization** that provides services other than substance abuse treatment, provide only information that pertains to the substance abuse treatment program.
 - T **Think about your organization as it is now**, not what is planned for the future, or how you would like it to be now.
 - T Call NLI at 1-800-411-0814 with any questions or for additional assistance.
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A. CONTACT INFORMATION

1. Name of Organization

	Your Information	Chief Executive Officer (if different)
2. Name	_____	_____
3. Title	_____	_____
4. Mailing Address	Street _____ _____ City _____ State __ _ _ Zip __ _ _ _ _ _	Street _____ _____ City _____ State __ _ _ Zip __ _ _ _ _ _
5. Phone Number	(____) _____	(____) _____
6. Fax Number	(____) _____	(____) _____
7. E-mail Address	_____	_____

<div><div><div>Admin Use Only</div><div>ID No. _____</div><div>Sent _____ Rec</div><div>_____</div><div>Edit _____ Key</div><div>_____</div></div></div>	<div>Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, Paperwork Reduction Project (0930-0203), Room 16-105, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0203.</div>
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B. ORGANIZATIONAL SELF-ASSESSMENT

1. LEADERSHIP AND VISION

To what extent would you say today that:	1= Very Great Little/ Extent					5=Very No	N/A
a. You and your staff have a clear understanding of your organization's unique mission and role?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	
b. Your organization effectively implements its vision?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	
c. You have considered culture (assumptions, beliefs, attitudes, and patterns of behavior) in setting a course for the organization?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	
d. Your organization has put in place a strategic plan to maintain or improve your organization's position in the community?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	
e. The broader community is involved in organization leadership (e.g. with strategic planning, program development, managing change)?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	

How strongly do you think you need help with:	Need No Help			Need Help Now		Very briefly describe circumstances:
1f. Guiding and directing your organization toward its possibilities?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	

2. GOVERNANCE AND MANAGEMENT

To what extent would you say today that:	1= Very Little/ Extent 5=Very Great Extent					N/A
a. Your organization's management effectively directs services?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
b. Your organization's management effectively directs business operations?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
c. You know which individuals within and outside your organization can facilitate—or impede—change?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
d. You understand how financial planning and management systems support strategic efforts?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
e. Your governing body or board's strategy and policy direction leads to the best organizational opportunities?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
f. Your governing body or board ensures that the organizational structure and decision-making support the organization's mission, services, products, and strategies?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6

How strongly do you think you need help with:	Need No Help			Need Help Now		Very briefly describe circumstances:
2g. Directing your organization's services and business through leadership and vision?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	

3. SERVICE ARRAY

To what extent would you say today that:	1= Very Little/ Extent 5=Very Great Extent					N/A
a. Your organization has a diverse array of treatment services?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
b. You have matched your service array to a “niche market” in your environment?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
c. Your organization has tailored services to meet clients' needs, language, customs, and social practices?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
d. Your organization has recently reconsidered which services it offers should be purchased versus provided by staff?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6

How strongly do you think you need help with:	Need No Help			Need Help Now		Very briefly describe circumstances:

3e. Maintaining diversity in services
to meet client needs?

☐ 1 ☐ 2 ☐ 3

☐ 4 ☐ 5

4. UTILIZATION MANAGEMENT

To what extent would you say today that:	1= Very Great Extent		5=Very Little/ No Extent		N/A	
a. Your organization collects and makes good use of utilization data, including the comparison of actual with expected results?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5	6
b. Your organization has used utilization data analyzed by groups (e.g., racial, ethnic, gender, age, disability)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5	6
c. Your organization has standardized clinical practices (e.g. assessment, treatment, and discharge planning)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5	6
d. Your organization works to ensure coordination of care and clinical management?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5	6
e. Your organization ensures that business processes support assessment and utilization management systems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5	6

How strongly do you think you need help with:	Need No Help			Need Help Now		Very briefly describe circumstances:
4f. Imposing standards to monitor resource utilization and organizational processes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	1	2	3	4	5	

5. MANAGED CARE AND PERFORMANCE CONTRACTING

To what extent would you say today that:	1= Very Great Little/ Extent		5=Very No		N/A	
a. Your organization has attempted to secure commercial contracts from managed care organizations?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5	6
b. Your organization competes successfully with other organizations in your environment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5	6
c. Your organization is more proactive in developing capabilities than reactive to purchaser changes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5	6
d. Your organization protects cultural diversity during business negotiations?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5	6
e. Your organization has developed strategic alliances, mergers, or other relationships to help in contracting?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5	6

How strongly do you think you need help with:	Need No Help			Need Help Now		Very briefly describe circumstances:
5f. Negotiating, securing, and fulfilling managed care contracts?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	1	2	3	4	5	

6. MARKETING AND PUBLIC RELATIONS

To what extent would you say today that:	1= Very Great Little/ Extent 5=Very No					N/A
a. Your organization knows the needs of prospective clients?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
b. Your services meet the cultural customs of target populations?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
c. Target populations are aware of your services?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
d. Your organization has an up-to-date marketing plan?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
e. Your organization can communicate its relative cost competitiveness?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
f. Your marketing materials and efforts are culturally appropriate?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
g. Your organization communicates effectively with stakeholders?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6

How strongly do you think you need help with:	Need No Help			Need Help Now		Very briefly describe circumstances:
6h. Integrating activities to meet consumer needs and wants?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	

7. CUSTOMER SERVICE

To what extent would you say today that:	1= Very Great Little/ Extent 5=Very No					N/A
a. Your organization balances client, purchaser, stakeholder needs?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
b. Your organization has defined “customer oriented services?”	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
c. Your organization has a clear definition of “service quality?”	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
d. Your organization monitors client or family satisfaction?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
e. Your organization changes based on customer feedback?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
f. Your organization has worked to respond to client diversity?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6

How strongly do you think you need help with:	Need No Help			Need Help Now		Very briefly describe circumstances:
7f. Assuring that services meet the needs of clients and their families?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	1	2	3	4	5	

8. BUSINESS AND FINANCIAL MANAGEMENT

To what extent would you say today that:	1= Very Little/ Extent 5=Very Great Extent					N/A
a. Your organization has a financial plan?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5	6
b. Your organization monitors financial results against defined standards or goals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5	6
c. Your organization's business management practices (including management of assets, facilities, risk, contracts, and services) are appropriate for today's environment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5	6
d. Your organization's billing practices meet purchaser requirements?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5	6
e. Your organization provides appropriate and timely financial and business management reports to purchasers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5	6

How strongly do you think you need help with:	Need No Help			Need Help Now		Very briefly describe circumstances:
8f. Developing systems to help manage assets and resources, and standardize accounting, cost, and statistical information?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	1	2	3	4	5	

9. MANAGEMENT INFORMATION SYSTEMS

To what extent would you say today that:	1= Very Little/ Extent 5=Very Great Extent					N/A
a. Your organization collects information about clients, including client profiles, in a standard format?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5	6
b. Your organization's management information system can integrate case management data, client tracking systems, reporting systems, and financial systems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5	6
c. Your organization collects client-specific information about the length and number of clinical sessions provided?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5	6

d. Your organization's MIS provides timely and useful information to support administration and management?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5	6
e. Data in your organization's MIS is complete and accurate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5	6

How strongly do you think you need help with:	Need No Help			Need Help Now		Very briefly describe circumstances:
9f. Maintaining appropriate, accurate, and timely information in proper formats?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	1	2	3	4	5	

10. HUMAN RESOURCES

To what extent would you say today that:	1= Very Great Little/ Extent 5=Very No					N/A
a. Your organization has assessed the personnel needs within your dynamic service environment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5	6
b. Your organization has strategies to integrate cultural competency or matching of staff and client profiles in hiring practices?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5	6
c. Staff performance and productivity are monitored against criteria based on mission and vision?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5	6
d. Your organization has up-to-date staff performance evaluation systems and standards?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5	6
e. Your organization's staff compensation system is up-to-date and appropriate for your local labor market?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5	6
f. Your organization has strategies to ensure that staff are respectful of each other as well as of diverse client needs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5	6

How strongly do you think you need help with:	Need No Help			Need Help Now		Very briefly describe circumstances:
10f. Acquiring, retraining, coordinating, and maximizing staff resources?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	1	2	3	4	5	

11. ORGANIZATION'S LEARNING CULTURE

To what extent would you say today that:	1= Very Great Little/ Extent 5=Very No					N/A
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5	6

a. Your organization's culture encourages and promotes professional development?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5	6
b. Your organization successfully shares lessons learned among staff?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5	6
c. Your organization shares information and lessons with other community agencies through formal and informal networks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5	6
d. Your organization has mechanisms to ensure cross-cultural learning?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5	6
e. Your organization readily adapts to a rapidly changing, competitive environment while adhering to core values?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5	6

How strongly do you think you need help with:

Need No Help

Need Help Now

Very briefly describe circumstances:

11f. Developing organizational supports for a learning environment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5

12. CONTINUOUS QUALITY IMPROVEMENT AND QUALITY MANAGEMENT

To what extent would you say today that:

1= Very Little/ Extent

5=Very No

N/A

a. Your organization monitors quality indicators (e.g., service performance, client satisfaction, and outcomes)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5	6
b. Data collection activities are culturally appropriate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5	6
c. Your organization uses data (e.g., evaluations, outcomes, surveys) to respond to the needs of purchasers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5	6
d. Your organization uses data (e.g., evaluations, outcomes, surveys) to improve service quality?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5	6
e. Your organization has developed processes for monitoring and improving service quality that have resulted in specific improvements in quality?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5	6
f. You and your organization have a shared view of what constitutes appropriate service quality?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5	6

How strongly do you think you need help with:

Need No Help

Need Help Now

Very briefly describe circumstances:

12g. Developing and maintaining quality improvement benchmarks, measurement, analysis, and corrections?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5

13. INTER-ORGANIZATIONAL RELATIONSHIPS

To what extent would you say today that:	1= Very Little/ Extent 5=Very Great Extent No					N/A
a. Your organization maintains strong referral relationships with other treatment providers?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
b. Your organization is a leader in developing network affiliations to secure contracts?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
c. Your organization has sought to share scarce clinical or business resources across organizations?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
d. Your organization has considered how organizational processes and cultural issues impact upon relationships with other organizations, such as collaborations, joint ventures, partnerships, and mergers?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6

How strongly do you think you need help with:	Need No Help			Need Help Now		Very briefly describe circumstances
13e. Developing strategic relationships to increase organizational capabilities?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	

14. ORGANIZATIONAL READINESS FOR CHANGE

To what extent would you say today that:	1= Very Little/ Extent 5=Very Great Extent No					N/A
a. Your organization has identified dynamics of change that may affect your long-term position in the market?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
b. Your organization has identified how its culture will affect its ability and willingness to change?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
c. You and your staff share a view regarding the specific types of organizational changes that are needed?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
d. You have identified specific impetus for change in your organization?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
e. Your organization has considered the specific contribution of culture and other factors on organizational development and change processes.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6

How strongly do you think you need help with:	Need No Help			Need Help Now		Very briefly describe circumstances

14f. Setting in motion the dynamics of change? ☐ 1 ☐ 2 ☐ 3

☐ 4 ☐ 5

15. Please order the following list of topic areas in terms of how important it is that you receive help in that area at this time. Please rank topics from 1=highest priority, to 14=lowest priority. Do not assign the same rank to two or more items.

- | | |
|--|--|
| <input type="text"/> Leadership and Vision | <input type="text"/> Business and Financial Management |
| <input type="text"/> Governance and Management | <input type="text"/> Management Information Systems |
| <input type="text"/> Service Array | <input type="text"/> Human Resources |
| <input type="text"/> Utilization Management | <input type="text"/> Organization's Learning Culture |
| <input type="text"/> Managed Care, Performance Contracting | <input type="text"/> Continuous Quality Improvement and Quality Management |
| <input type="text"/> Marketing and Public Relations | <input type="text"/> Inter Organizational Relationships |
| <input type="text"/> Customer Service | <input type="text"/> Organizational Readiness for Change |

16. Please respond to each question within the context of the three primary underserved populations specifically served by your organization. For this assessment, underserved populations are defined as racial/ethnic minorities, children and adolescents, women, sexual minorities, the homeless, persons with or at risk for substance abuse and mental illnesses, and persons affected by HIV/AIDS.

To what extent would you say today that:	1= Very Great Extent			5=Very Little/ No Extent			N/A
a. The policies and procedures of the organization are implemented in such a manner that diversity issues are constantly applied in actual organizational practices.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	
b. The organization's top administration provides adequate resources (support, time, and budget) necessary to provide services to the underserved populations targeted by the organization.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	
c. For clients who are not fluent in English, their primary language or other forms of communication are used in oral communications and documents (e.g., treatment plan, legal documents, organizational brochures).	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	
d. The organization knows the demographic differences (e.g., income, education, employment, housing) between the dominant culture and the targeted underserved populations in its service area.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	
e. Members of the targeted underserved populations are depicted on organization brochures or other media.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	
f. The organization has contacts in the targeted underserved community that can provide reliable information regarding its opinions about diverse and important issues.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	
g. The organization has resources for gathering and interpreting information relevant to the targeted underserved populations.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	
h. The organization takes steps to stay abreast of best practices and state-of-the art research or theory to utilize approaches proven effective with the targeted underserved populations.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	
i. The organization has members of underserved populations serving in management or key administrative roles.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	
j. The organization has members of underserved populations serving as members of its Board of Directors.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	
k. The organization hires natural helpers or other noncredentialed underserved population group members to work in direct services.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	
l. The organization has former clients who are representative of underserved populations serving as:							
i. Board members	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	
ii. Community consultants	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	
iii. Employees	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	

To what extent would you say today that:	1= Very Great Extent		5=Very Little/ No Extent			N/A
iv. Volunteers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5	6
m. The organization has contacts, mentors, or other relationships that give it insights into understanding or reaching out to members of the targeted underserved populations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5	6
n. The organization uses cultural strengths or resources within the targeted underserved populations to augment or enhance its services to clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5	6
o. The organization uses evaluation procedures or interventions that have been based on the targeted underserved populations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5	6
p. The organization's typical treatment plan contains a culturally based perspective that incorporates such issues as extended family, natural helpers, spiritual options or opportunities, etc., that acknowledge the culture of respective consumers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5	6
q. The organization's strategic plan contains concepts of culture, diversity, and cultural competence as core features of organization policy, procedures, and future aims.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5	6
r. The organization reaches out to:						
i. Places of worship, clergy, indigenous religious leaders in the respective targeted underserved communities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5	6
ii. Medicine men or women, herbalists, midwives, naturopaths that serve members of the targeted underserved populations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5	6
iii. Health clinics, doctors, dentists, etc., that provide services in or to members of the targeted underserved communities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5	6
iv. Media that provide services to members of the targeted underserved populations or their communities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5	6
v. Social service and criminal justice agencies that provide services to the targeted underserved communities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5	6
vi. Tribal or cultural organizations or other entities that serve the targeted underserved communities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5	6
vii. Commercial establishments (e.g., barbers/cosmetologists, social clubs, etc.) located in or that provide services to the targeted underserved communities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5	6

How strongly do you think you need help with:	Need No Help			Need Help Now		Very briefly describe circumstances:
16s. Providing culturally competent services to diverse populations?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	1	2	3	4	5	

C. SUBSTANCE ABUSE TREATMENT PROGRAM DESCRIPTIVE INFORMATION

1. What is the total number of physical locations in which substance abuse treatment services are delivered by this organization?

_____ physical sites

2. In how many different treatment markets (e.g., counties or communities within counties if appropriate) would you say your organization currently provides services?

_____ markets

3. What is your primary service area?

-
4. How many people reside in your primary service area?

- ☐ Less than 50,000 ☐ 250,001–450,000
☐ 50,000–150,000 ☐ More than 450,000
☐ 150,001–250,000

5. How many other organizations provide substance abuse treatment services in your service area?

- ☐ No other organizations
☐ 1–10 ☐ If 10 or fewer, how many? |__|__|
☐ 11–20
☐ 21–40
☐ 41 or more

6. How many organizations provide services similar to those provided by your organization to similar clients from your service area?

|__|__|

7. In how many sites, if any, does your organization offer the following services, and approximately how many clients are currently in treatment across these sites?

Type of treatment	Number of sites —	Clients currently enrolled —	N/A
a. Detoxification, 24-hour care	__ __	__ __ __ __ 	<input type="radio"/>
b. Detoxification, outpatient	__ __	__ __ __ __ 	<input type="radio"/>
c. Treatment, inpatient hospital	__ __	__ __ __ __ 	<input type="radio"/>

- | | | | |
|---|---------|--------------------|---|
| d. Treatment, short-and long-term residential | _ _ _ _ | _ _ _ _ _ _ _
 | O |
| e. Treatment, outpatient | _ _ _ _ | _ _ _ _ _ _ _
 | O |
| f. Methadone or LAAM | _ _ _ _ | _ _ _ _ _ _ _
 | O |

8. Does this organization provide treatment services in a hospital, jail, or school? (Mark all that apply.)

- ☐ No ☐ Jail/prison
☐ Hospital ☐ School

9. How many clients were formally admitted each year for the past 3 CBO fiscal years, across all sites and types of treatment? Include collaterals or family members who were admitted with a primary client if they are in your statistics, but also indicate whether collaterals are included.

	Number of Admissions	Dates for which Data Provided	Collaterals (family, friends) Included in Count?
Last year	_ _ _ _ _ _ _ 	___/___/___ to ___/___/___	<input type="radio"/> Yes <input type="radio"/> No
Prior year	_ _ _ _ _ _ _ 	___/___/___ to ___/___/___	<input type="radio"/> Yes <input type="radio"/> No
Prior year	_ _ _ _ _ _ _ 	___/___/___ to ___/___/___	<input type="radio"/> Yes <input type="radio"/> No

10. Please answer the following questions about your client caseload.

Clients enrolled
on a given day
—

- a. How many clients are currently enrolled across the entire organization? _____
- b. What is the largest number of clients enrolled at any given time during the past 12 calendar months? _____
- c. What is the smallest number of clients enrolled at any given time during the past 12 calendar months? _____
- d. What is the average or typical number of clients enrolled at any given time during the past 12 calendar months? _____

11. What percentage of clients successfully completed all phases of treatment in this program, and how long did they stay? How many left early, and how long had they stayed? *If this is a methadone/LAAM maintenance program, how many clients treated remained in treatment for the full time deemed medically necessary?*

	Percent of Total Clients Served During the Past 12 Calendar Months	Average Number of Days Clients Remained in Treatment
a. Clients who successfully completed or remained in treatment for entire duration recommended by program	_____ percent	_____ days

- b. Clients who did not successfully complete treatment or dropped out against medical advice _____ percent _____ days
- c. **Total clients** 100% _____ days

12. Are there specific service needs that are not being met for this organization's clients?

- (1) _____
- (2) _____
- (3) _____

13. For this organization's Chief Executive Officer, please indicate in what years the following occurred:

	Year	N/A
	—	—
a. Began working in substance abuse services in any capacity	_____	O
b. Began working in the field of health and human services	_____	O
c. Began working in this organization in any capacity	_____	O
d. Came to be in this position in this organization	_____	O
e. Last carried a clinical caseload	_____	O

14. How would you rate your relationships with the following types of organizations?

	No relationship	Coordination regarding specific clients only	Coordination at planning level only	Coordination on both planning and client level
	—	—	—	—
a. Welfare	O	O	O	O
b. Community health centers	O	O	O	O
c. Mental health agencies	O	O	O	O
d. Hospitals	O	O	O	O
e. Criminal Justice/courts	O	O	O	O
f. Employers/EAPs	O	O	O	O
g. Schools/Colleges	O	O	O	O
h. Child protective services	O	O	O	O

15. **How many full-time staff equivalents (FTEs, including part-time) does the substance abuse treatment program employ right now? Respond for all staff categories even if the response is a fraction or "0." Calculate FTEs based on total hours worked divided by 40 hours per week (2080 per year).**

	Current FTEs
a. Counselors	_____
b. Case managers	_____
c. Family therapists	_____
d. Other therapists	_____
e. Clinical supervisors	_____
f. Managers/administrators	_____
g. Other indirect patient service providers	_____
h. Total	_____

16. **Please answer the following questions about the number of clinical, professional, and other client service or management workers (not including clerical and housekeeping staff) who worked at this treatment program in the past 12 months.**

	Number of Staff
a. How many clinical, professional, and management staff were employed in your program one year ago?	_____
b. How many of those staff quit or were terminated from your program in the past 12 months?	_____
c. How many of staff in "a" were administratively reassigned from your program to another in the past 12 months?	_____
d. How many new clinical, professional, or management staff began working at your program in the past 12 months?	_____
e. How many clinical, professional, or management staff work in your program today?	_____

17. **How many nonclerical staff members (individuals, not FTEs) who have worked in this organization in the past year have a personal history of alcohol or drug abuse/dependence?**

- ☐ None
☐ Less than 25%
☐ 25%–49%
☐ 50–74%
☐ 75% or more

18. Is this organization publicly or privately owned?

- | | |
|---|---|
| <input type="radio"/> Privately owned, nonprofit | <input type="radio"/> Publicly owned (Federal) |
| <input type="radio"/> Privately owned, for profit | <input type="radio"/> Publicly owned with private partnership |
| <input type="radio"/> Publicly owned (State, local gov't) | <input type="radio"/> Privately owned with public partnership |

19. What year was the substance abuse treatment program established?

20. In what year did this substance abuse treatment program begin providing substance abuse treatment services (anywhere)?

21. What was the total substance abuse treatment organization budget during the past two years?

\$ _____ budget during the 12 month period of ____/____/____ to ____/____/____ .

\$ _____ budget during the preceding period of ____/____/____ to ____/____/____ .

22. Please list managed care organizations with whom this organization contracts, number of contracts, the year during which a contract was first established, and whether you judge you are at risk of losing the contract due to competitive pressures or market dynamics.

Name of HMO or MBHCO, in Order of Importance	Number of Current Contracts	Year of First Contract	At risk of losing?
1. _____	_____	_____	<input type="radio"/> No <input type="radio"/> Yes
2. _____	_____	_____	<input type="radio"/> No <input type="radio"/> Yes
3. _____	_____	_____	<input type="radio"/> No <input type="radio"/> Yes
4. _____	_____	_____	<input type="radio"/> No <input type="radio"/> Yes
5. _____	_____	_____	<input type="radio"/> No <input type="radio"/> Yes
6. _____	_____	_____	<input type="radio"/> No <input type="radio"/> Yes
7. _____	_____	_____	<input type="radio"/> No <input type="radio"/> Yes
8. _____	_____	_____	<input type="radio"/> No <input type="radio"/> Yes
9. _____	_____	_____	<input type="radio"/> No <input type="radio"/> Yes

23. In what year did this substance abuse treatment organization establish its first contract with an MCO?

_____ O Not applicable

24. In what year did you first contract with an outside purchaser?

_____ O Not applicable

25. How much of the substance abuse treatment revenue or funding reported above was paid directly to this facility by:

	Dollar Amount	OR	Estimated Percentage
a. Client payments (self-payment, deductibles, copayments)	\$ _____		_____ %
b. Private health insurance			
1. Fee for service (not HMO, PPO, or managed care)	\$ _____		_____ %
2. HMO/PPO/Managed care payment	\$ _____		_____ %
3. Private health insurance, unspecified	\$ _____		_____ %
c. Medicaid			
1. Not managed care	\$ _____		_____ %
2. Managed Medicaid payments	\$ _____		_____ %
3. Medicaid, unspecified	\$ _____		_____ %
d. Medicare	\$ _____		_____ %
e. Government funds			
1. Federal (e.g. VA, CHAMPUS, not Medicare)	\$ _____		_____ %
2. State (e.g., Block Grants and State general appropriations)	\$ _____		_____ %
3. Local (e.g., not including Medicaid)	\$ _____		_____ %
4. Other public funds, unspecified	\$ _____		_____ %

f. Other funds	\$ _____	_____ %
g. Unknown	\$ _____	_____ %
h. Total	\$ _____	100%

Important: Please check your addition: Dollar amounts on lines a–g should equal the value in row h; if you used percents, they should total 100%.

26. **How many months, given current expenses, could your organization operate without any additional revenue?**
- ☐ Zero months
 - ☐ 1–3 months
 - ☐ 4–6 months
 - ☐ 7–12 months
 - ☐ 13+ months
 - ☐ Do not know
27. **Do you provide treatment to clients who have no health care coverage or are unable to pay for treatment?**
- ☐ Yes
 - ☐ No
28. **Has this substance abuse treatment organization ever been accredited by JCAHO, CARF, COA, or another accreditation body OTHER THAN a State licensing organization, or is the organization seeking accreditation now?**
- ☐ No, never accredited
 - ☐ Accredited in past, not now and not seeking now
 - ☐ Seeking accreditation now
 - ☐ Accredited now
- A** **If currently accredited or seeking accreditation:**
- 28a. **From which organization do you have or are you seeking accreditation?**
- ☐ JCAHO
 - ☐ CARF
 - ☐ COA
 - ☐ Other (Specify) _____
- 28b. **In what month/year is the next accreditation survey expected?**
- ____/____
- 28c. **If you are accredited, what type of accreditation do you have?**
- ☐ Full accreditation
 - ☐ Provisional or partial accreditation

29. In your opinion, have any of the following things occurred in your organization in the past 12 months?

	Yes Don't Know —	No —	—
a. Problem with a managed care contract	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Lost a contract	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. High turnover of staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Failed accreditation, accreditation pretest, or probationary accreditation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Increase in price-based competition or learned that prices are not competitive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Identified a systematic quality problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Merger, approached for a merger, or joint contracting opportunity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Problem with parent organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Encountered information and reporting problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Experienced problems with regulators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Relocation of organization to new location	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Remodeling of organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Significant increase in staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Significant decrease in staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Change of Chief Executive Officer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Change of person primarily responsible for financial management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Significant funding increase	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. Significant funding decrease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s. Significant increase in client volume from month to month	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
t. Significant decrease in client volume from month to month	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
u. Acquisition, merger, or other administrative realignment affecting service unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
v. Launch of new service unit in past 12 months	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. Do you have a computerized information management system for client records, financial records, or both? (Mark one.)

- ☐ No computerized systems at all
☐ Computerized financial records only

- ☐ Computerized client records only
- ☐ Both financial and client records are computerized

31. Do you conduct standardized data collection regarding client status or treatment services at entry, during treatment, exit, or afterwards? By standardized data, we mean data collection forms that include fixed questions and specific answers, like the Addiction Severity Index. (Mark all that apply.)

- ☐ Standardized data on clients upon entry
- ☐ Standardized data on client services
- ☐ Standardized data on clients upon exit
- ☐ Standardized data on clients some time after they have left treatment

(WHEN_____)

32. In what year was the oldest of your facilities constructed?

_____ Years

33. In what year were renovations, construction, or remodeling last performed on any facility?

_____ Years or ☐ N/A

34. Date that this form was completed

____/____/____